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	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 13 4
1	1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH
1	
1	County / Ula State Willyour
Ш	District or Township.
li	2. /7/ h A., h h l l' / h A A A A / 24
- 11	City No. 50 WANTE instead of street and number) (If birth occurred in a hospital or institution, give its NAME instead of street and number)
	supplemental report, as directed.
- 11:	2. Full name of child To be converted ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date Man of h = 19.30.
- 11	of high VLUVULL Of the answered of the
- {{	in event of plural births. 5. No., in order of birth Yla Month Day Year
	MOTHER
- 1	8. FAIRER 10 Y (1): 3
	Full name + to an a xam for
I	Mai and 15. Residence Mami
Ì	9. Residence (Usual place of abode)
-	If non-resident, give place and state.
. 1	16. Color or race
	10. Color or race 17. Age at last birthday 38 (Years)
	M. M. 11. Age at last birthday 16 (Years) M. 17. Age at last birthday 20 (Years)
	12 Birthplace (city or place) Durango 19. Birthplace (city or place) 3acote eac
ij.	12, bit tiplace (on 1 or 1
	(State or country) UMLY. (State or country)
1	13. Occupation
\parallel	Nature of industry
.	Nature of industry
	20. Number of children of this mother (a) Born alive and now living 21. Weré precautions taken against ophthalmia neonatorum?
.	10. It should be the new dead
- 11	(Taken as of time of birth of child nerells (C) Stillborn.
1	CERTIFICATE OF AFTENWING PHYSICIAN OR MIDWIFE,
A	I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)
:))	1 / 1/1 / 4 A / 1/1/ / /
	*When there was no attending physician or midwife, then the father, householder,
	etc., should make this feturn. Assument
	shows other evidence of the after birth.
-	Given name added from Address Manni, Www. Address Manni, Www. Address Manni, Williams
	n supplemental report Month, day, year
	Filed Secret 8, 19 30 Registrar
	Registrar